

INTERDEPARTMENTAL PARKING FACILITY REGISTRATION FORM

1.) Name and address of parking facility: _____

Telephone: _____2.) Location of parking facility according to Assessing Department¹: Block No. _____ Lot No.(s) _____*Application must include a signed and dated scale layout of the parking facility with lot lines, driveways, curb cuts, parking stalls, loading zones, building entrances/exits, pedestrian walkways, bicycle storage, etc.*

3.) Name and address of property owner: _____

Telephone: _____

4.) Name and address of parking facility operator: _____

Telephone: _____5.) Will any of the users be located off-site? ☐ Yes. ☐ No.

If "yes," indicate name and address of off-site user(s): (company, residence, individual, or "general public") _____

6.) Type of Request:

- ☐
- New facility
-
- ☐
- Modified facility

7.) Type of Facility:

- ☐
- Lot
-
- ☐
- Garage

8.) Type of Use:

- ☐
- Commercial (general public for a fee)
-
- ☐
- Accessory
- ²
- (with a fee?
- ☐
- Yes
- ☐
- No)
-
- ☐
- Principal
- ³
- (with a fee?
- ☐
- Yes
- ☐
- No)

9.) If a fee is charged, how will it be collected: At entrance? ☐ Monthly/yearly? ☐ In lease? ☐10.) Number of Parking Spaces Required by Zoning⁴: Minimum _____ Maximum _____

11.) Number of Current and Proposed Parking Spaces by Type and User(s):

Type:	Registered ⁵ :	Proposed:	Proposed User(s): (Name of company, residence, or individual)
Commercial (for a fee)	_____	_____	_____
Residential	_____	_____	_____
Employee	_____	_____	_____
Customer/Client	_____	_____	_____
Visitor/Guest	_____	_____	_____
Patient	_____	_____	_____
Student	_____	_____	_____

I hereby certify that all information supplied on this form is true, accurate and complete. I also certify that this information meets the requirements of Article 6 of the Cambridge Zoning Ordinance.

Owner Signature & Title_____
Date_____
Operator Signature & Title_____
Date_____
Print Name (Owner) & Title_____
Print Name (Operator) & Title¹ For questions, contact the Assessing Department at 349-4343 or on the web at www2.ci.cambridge.ma.us/assessor/index.html.² Accessory use parking only has non-commercial users who are located on-site.³ Principal use parking has a non-commercial user who is located off-site.⁴ Parking requirements are described in Article 6 of the Cambridge Zoning Ordinance. Call Inspectional Services at 349-6100.⁵ Pre-existing off-street parking spaces are registered in the City parking inventory. Call the Traffic Department at 349-4745.

Instructions: First department to receive application should confirm applicant has completed first page and understands that the required sign-offs may be conditional on others in order. After that department completes the top line of this page and any possible sign-off(s), application should be forwarded to next department for sign-off. Each signing department must indicate the approved # of spaces under "parking tally" plus any conditions. The Traffic Department can not sign-off on a building permit until parts 1), 2), and 4) below are signed. Zoning can not review a building permit application until Traffic has signed off. Licensing can not approve a parking license, if required, until parts 1), 2), 3), and 4) below are signed.

Regarding the application for _____ , the following approvals must be received:	<u>Parking Tally</u> Proposed: _____
1) Number of spaces registered in the parking inventory (info: 349-4745): _____ Commercial _____ Residential _____ Other (employee, visitor, etc.) Signed _____ Department of Traffic, Parking & Transportation Date _____	Registered: _____ conditions: _____
2) Facility has approved Parking & Transportation Demand Management Plan (info: 349-4673): <input type="checkbox"/> Yes. <input type="checkbox"/> No, not required. Signed _____ PTDM Planning Officer Date _____	PTDM: _____ conditions: _____
3) Facility has permit from Board of Zoning Appeals (info: 349-6100): <input type="checkbox"/> Yes, _____ spaces valid until ____/____/____. <input type="checkbox"/> No, not required. Signed _____ Inspectional Services Department Date _____	BZA: _____ conditions: _____
4) Facility has received a commercial parking permit from the CPCC (info: 349-4745): <input type="checkbox"/> Yes, _____ spaces valid until ____/____/____. <input type="checkbox"/> No, not required. Signed _____ Department of Traffic, Parking & Transportation Date _____	CPCC: _____ conditions: _____
5) Facility has received a parking license from the License Commission (info: 349-6140): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <input type="checkbox"/> Garage & gasoline storage permit required. </div> <input type="checkbox"/> Yes, _____ spaces valid until ____/____/____. <input type="checkbox"/> No, parking license not required. Signed _____ Cambridge License Commission Date _____	License: _____ conditions: _____

To be completed by Inspectional Services or License Commission:

Final Approved Number of Spaces: _____

For use by the Traffic Department:

Final Parking Inventory Registration: _____ Commercial _____ Residential _____ Other _____ Exempt

FORWARD COPIES TO: TRAFFIC, PARKING & TRANSPORTATION DEPARTMENT; LICENSE COMMISSION; INSPECTIONAL SERVICES DEPARTMENT; AND PTDM PLANNING OFFICER.